

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, JUNE 2, 1883.

Original.

MULTIPLE CEREBRAL HEMIPLEGIA.*

BY S. BRANDEIS, M. D.

Permit me to present this rare and interesting case. The etiological points offer nothing unusual. The case concerns a woman fifty-three years of age, who was always healthy; four years ago she passed change of life; when twenty years old she passed through variola. She has several grown children who are healthy.

The present affection seemed to commence in the spring of 1880. The first manifestation was a throbbing, tearing pain in the right side of the head, starting from the parietal region toward the occiput and ear; furthermore the right jaw, the tongue and the teeth became involved. The pains were especially severe at night, so as to deprive patient altogether of sleep. Supposing that the pain originated in the teeth, four of them were extracted, but without relief. The same pains, though less in degree, persist to the present day, and are her only complaint, otherwise she is well. In the fall of the above named year it seems that a facial paralysis of the right side took place. From the statement of the patient it can not be ascertained whether the same appeared suddenly by an apoplexy or perhaps developed gradually. It seems that her friends first discovered that her face was distorted. After that strabismus internus was added. In the course of the next year an inflammatory affection of the right eyeball, redness, and swelling of the eyelid, and lachrymation followed, with ulceration of the cornea and impairment of vision. In this condition patient presented herself to the clinic.

It must be stated that no dyscrasic cause could be traced. Syphilis, after which was

carefully searched, is excluded, and likewise tuberculosis and carcinoma. A careful examination of all the vital organs, besides skull and nerves, which will be treated hereafter, gave a negative result. The respiratory and circulatory apparatus, the organs of the abdomen, the sensible and motory innervation of the extremities, the function of the sphincters present no anomaly. If you watch the moderately well-nourished patient, you will, at first, notice a complete paresis of the right face, the relaxed, pendulous appearance of the right face, flattening of naso-labial sulcus and the frontal corrugations, the inability of mimical action, blowing and whistling and showing of teeth, etc. One symptom only differed from the ordinary manifestations of ordinary facial paralysis, while in ordinary cases of that sort lagophthalmus exists in consequence of paralysis of orbicularis muscle, so as to prevent the eyelids half opened, we find in this case a complete ptosis in consequence of paralysis of the superior branches of the oculomotorius. Electric investigation reveals degenerative reaction in the entire sphere of the facial nerve. In facial paralysis we frequently find suspension of action even in the two branches which are given off inside the fallopian canal, the nervous petrosus superficialis, and the chorda tympani. The first of the two is a motor nerve pervading the velum palati. Its paralysis causes a relaxed condition of the uvula, and a partial co-operation of the velum at deglutition unilateral paralysis of the latter.

It is remarkable that this phenomenon in various forms of facial paralysis should appear in various modification. In one form the paralysis of the velum is distinct, in others only slight, and in a third it may be altogether missing. The cause of this modification is not clear. It may to some extent be depending upon the exact place where the nerve is exposed to the affecting cause. If the injury is inflicted after the

*Read before the College of Physicians, Vienna, by Prof. Bamberger. Translated from the *Wiener Medizin. Wochs.*, No. 5, 1883.

nerve has made its exit from the stylo-mastoid foramen, like a compressing tumor, a paralysis of the palate can not be expected, because the upper portion of the nerve is not affected. This may hold good in some cases, but again in others, for instance, in rheumatic facial paralysis, you will find a severe palatine paralysis to exist. In such cases we have to deal with an ascendant neuritis and paraneuritis, which extends upward above the foramen stylomastoidium. In consequence of the narrowness of the canal the compression becomes so much greater the nerve loses its conductive power, and this inability involves its branches. On the other hand, it is to be remembered that the palate receives branches from the fifth, tenth, eleventh, and some motor filaments from the ninth pair, so that even with a perfect inability of the petros nerve still some motion in the velum may be retained.

In our patient exists such a paralysis, though not much can be noticed if she is at rest; the uvula is somewhat crooked, as this is often found in the healthy condition. But, as soon as you cause her to make a swallowing or euphonation movement, you will find the velum and especially the right posterior arch to stay behind. The left makes a strong movement toward the median line, while that of the right side makes some feeble oscillations.

As for the chorda tympani, the same conditions exist; there are cases in which the same is involved, and again others in which no implication can be noticed. As to the function of the chorda tympani the views were divided. At present physiologists seem to agree that the same is providing gustatory branches for the anterior and lateral portion of the tongue. An interesting case described by Urbachschelsch demonstrated that double function. It concerns a perforation of the drum-membrane, in which that nerve is implicated, so as to impair gustatory and tactile sensibility; chemical and mechanic irritation was able to produce subjective sensation of both kinds, which proved conclusively that this nerve is a mixed one, holding motory and sensory fibers.

In this one case numerous experiments have proven that the chorda tympani is in a condition of paresis. The tactile sense on the right side of the tongue is not only less than on the left side—she often failed to recognize the instrument with which it is touched, while this is the case on the left side—but

even upon the application of strong-tasting objects, acid or sweet, the perception is only imperfect, she confounds objects if they are not very strong, while normal perception exists on the other side. This disturbance exists not only in the anterior and lateral portion, but likewise back to the posterior and papillæ. Gustatory perceptions produced by the galvanic current are on the right and lateral side less distinctly felt than on the left. In order to produce a perception on the right side, two elements more must be used than on the left. The posterior portion of the tongue being provided by the glossopharyngeus, and this nerve being known as gustatory, it is to be accepted that the function of this nerve must likewise be disturbed.

Another very obvious fact is the complete immobility of the right eyeball; while the left ball is readily moving in all directions, the right eye is not movable at all; this proves that the abducent and oculomotorius seem to be completely paralyzed. Besides this we find other changes, like considerable injection and tumefaction of the conjunctiva, hyperplasia and relaxation of palpebral lining, a considerable thickening and opacity of the cornea, a small cicatrix on its lower portion with occasional abrasion of the epithelium, and farther up a macula, so that only a small portion of the pupil is visible. Ophthalmoscopic examination reveals a synechia. Concerning power of vision, the same is to a certain degree preserved. Patient has a distinct perception of light and recognizes larger objects, like fingers, at a distance of two or three feet. Considering the great degree of opacity of the transparent tissues and the fact that patient can distinguish large objects distinctly, the conclusion is justified that the optic nerve is undisturbed in its function, though the dense opacity of the anterior tissues, like the cornea, and the inability of dilating the pupil forecloses an ophthalmoscopic investigation.

The right eyeball is almost insensible; it can be touched without reflex, though the touch is felt, but it produces no pain nor reflex even on the healthy eye. This reminds one of that profound anesthesia of the eyeball as is found to accompany intense affection of the fifth pair.

The majority of physiologists and ophthalmologists deny the existence of such a neuro-paralytic ophthalmia as a trophic disturbance, and explain this appearance as a defective action of the eyelids, in conse-

quence of which dust can not be removed, and the eyeball becomes dry. Without expressing a positive opinion on this subject, I should think that the inflammatory disturbance in this case may be traced back upon similar mechanical causes.

Proceeding onward, we will find that the anesthesia is not limited to the eyeball only, but that it exists over the entire sphere of the sensorial portion of the fifth nerve as the integument and mucous lining of right side of the face. Here the patient perceives the touch, especially ruder ones, but the kind of touch she is not able to distinguish, nor can she localize the same accurately. Whether something is pointed or dull, warm, cold, or tepid, she can discriminate on the right side with precision, but on the left side this ability is missing. The same appearance is present on the mucous lining of the mouth and nose. All the three sensitive branches of the fifth nerve are therefore profoundly implicated in the paralysis. As far as the motor portion of the same is concerned, the affection is manifesting itself as a considerable atrophy of the muscles governed by the same. You will have noted that the temporal region is very deep. The difference between the two temples is striking. Cause the patient to open the mouth and grasp the two masseters, you will convince yourself that the one on the left side is by far shorter and thicker than that of the right.

The patient does not masticate on the right side, but that depends more upon the fact that she has no teeth on that side, the same having been extracted. The muscular action on the left side is performed with ordinary regularity, which proves that, besides the motory portion of the trigeminus, the sensitive portion is likewise implicated.

Most remarkable is the condition of the acusticus. It took me a long time before I could comprehend the exact relations. Experiments were so often repeated that error was finally excluded. When a sounding-fork or a watch was applied to the right side of the skull, patient did not hear the sound as distinct as when applied to the left side; conduction in the acoustic is consequently lessened. But when the watch was held at a certain distance from the ear, it will be observed that the same was heard on the right side at from four to five centimeters farther off than at the left. This is certainly a paradox phenomenon, as a lessening of bony conduction would indicate an affection of the acoustic, and notwithstanding hearing by

mediation of the drum-membrane is not only preserved but stronger than on the healthy side.

Probably the following explanation will answer: In some isolated cases of facial paralysis a hyperacusis on the affected side was occasionally noticed. A French physician, named Roux, noticed this on himself while suffering from this disease. This was subsequently confirmed by Landouzy and others. Dr. Lune, in Frankfort, explained it in the following manner: The stapedius muscle, which is an antagonist of the tensor tympani, receives a branch from the facial nerve. If the former stapedius muscle, in consequence of facial paralysis, is inactive, its antagonist, tensor tympani, is called into higher action. The consequence is that the tension of the membrane is increased and the sounds are better conducted to the interior of the ear. Bamberger confesses that he is not sufficiently posted on this point as to judge the correctness of this explanation; but if it is so, we can say that the patient heard better through the membrane because in consequence of its increased tension the defect in the acusticus is not only covered but even overcompensated.

In proceeding farther we find distinct manifestations as to an affection of the accessory nerve, especially of its posterior branch; in connection with this we find considerable atrophy of the muscles provided by that nerve, the right fossa supraspinata is depressed, while that of the left side is flat, and palpation showed that the trapezius of the left is at least about one-half thicker. The same is the case with the sterno-mastoides, but the patient can carry out all the movements with the trapezius, although they are not as energetic as those on the healthy side. Their relation to electricity is that degenerative reaction. By faradization the muscle can not be affected; by galvanism only under great intensity. If the muscles are stimulated directly they contract only slowly, while on the left side the contractions are rapid and flushing.

The anterior portion of the accessory which connects with the pneumogastric is likewise affected. We find anesthesia of the mucous lining on the right side of larynx, and a paralysis of the right vocal cord. The laryngeal nerves, the superior as well as the recurrent, are branches from the pneumogastric; but recently they are not considered branches of the same, but as originally belonging to the accessory nerve, consequently we are justified in asserting that in our case

the accessory nerve is affected in both of its branches.

The opticus was already mentioned as not being implicated. The same is the case with the olfactory. Experiments were instituted with odoriferous material, and it was evinced that the sense of smell is equally strong on both sides. The great sphere of the pneumogastric nerve seemed to be entirely undisturbed, except the two laryngeal nerves they are claimed for the accessory nerve, an idea which is greatly confirmed by our case. It would be very strange that those two branches should be the only portion of the vagus implicated.

Another nerve yet to be investigated is the hypoglossus. Here we find no indication of any affection. Both sides of the tongue are equally active. All the movements are uniform and prompt. There are no disturbances in articulation. It is true, language is not very free, but that does not depend upon the hypoglossus, but is the consequence of a paralytic condition of the right vocal ligament, and still more of the facial paralysis, especially labial letters, like m, p, b, are very indistinctly pronounced, and the voice has a very dull and monotonous character.

If we now sum up all the symptoms, we find that eight out of the twelve cranial nerves are diseased, and that all of them are on the right side. Completely paralyzed are oculomotorius, trochlearis, abducens, and facialis; in a moderately high degree are affected the accessorius and trigeminus in two portions; in a lesser degree the glossopharyngeus and the acoustic.

Now arises the question, How are all those appearances to be explained; which is the starting point, and what is the cause of the disease? The answer is by no means an easy one. One thing can be asserted as positive, that it is no peripheral affection. Facial paralysis and that of the eye-muscles are frequently combined, and as such caused by rheumatic affection, but it is not known that such a cause will affect two or three nerves simultaneously. But a case where out of twelve cerebral nerves eight should be affected on one side is certainly not easily explained by that cause. One would perhaps sooner think that the cause might be found in the bones, the canals through which the nerves have to pass. Cases of that kind are known to have been observed. Von Grafe had a case under observation for twenty-two weeks in which the oculomotorius, abducens, trochlearis, and facialis, all

on the right side, were paralyzed. There were some appearances leading directly to the correct diagnosis, like exophthalmus, tumefaction of the parotid, a sloughing in the hard palate. There was a foreign growth. The microscopic investigation revealed its nature to be carcinoma. At the post-mortem the sphenoid bone was found to be infiltrated, which infiltration extended to the fossa pterygopalatina and the parotid. Von Grafe, on this occasion, mentioned another case which does not strictly belong here, but is interesting for proving how, under some circumstances, a correct diagnosis is rendered difficult.

The patient was a laboring man, aged forty. He presented at first paralysis of the right oculomotor, paralysis of the right trochlearis, and at last paralysis of the left oculomotorius took place. Neither the history nor the nature of the case led toward syphilis. Nevertheless he was treated for it, under the principle that whatever can not be cured must be syphilis. The condition grew worse every day. Difficult deglutition and an unsteady gait supervened, and death followed.

Von Grafe and Romberg both treated him at their clinic, and diagnosed it as a tumor in the base of the skull. The post-mortem was made by Klebs, an undoubted authority. The entire brain and the nerves were examined with the greatest care, likewise the contents of the orbit and the bones. Finally an osteoporotic thinning of the right sphenoid bone was discovered, an appearance which is not sufficient to explain the phenomena, and is perhaps incidental. Such cases would be apt to make a diagnostician despair if they were not exceptional. For our case a disease of the bones can be excluded, as it would have to occupy the whole space between the fossa media and the large occipital foramen. An affection of such an extent could not exist without some external manifestation. Furthermore all ground for such a supposition is missing; there is neither tuberculosis nor syphilis in the case. The idea that the process depends on some disturbance in the base of the skull is much more plausible. Such an idea I entertained myself for some time, but after careful consideration gave it up. Such an affection could explain all the existing trouble. It could easily be understood how a number of nerves could simultaneously be touched, and at the same time we know that such cases sometimes occur. But a great many serious reasons are against it. What should

be the nature of such a basiliary affection? One could think of a tumor, but this is unfounded. What an immense size should that tumor have in order to compress all these nerves. It should occupy about one half of the entire base.

It must here be mentioned that the result of the ophthalmologic examination gave a direct negative result. No stasis papillæ, a condition to be necessarily expected whenever there is a tumor in the cavity of the skull. Much more reasonable was the assumption of a chronic inflammatory process, but such is never idiopathic as meningeal inflammation, but always the sequel of another primary disease, like that of bones, and was consequently abandoned.

Another circumstance points against the assumption of a basiliary disease, and that is the condition of the facial and acoustic nerve. While the latter (facialis) would have to suffer a very great amount of pressure if there was a trouble on the base, we find that the acoustic, which is in juxtaposition with the former, is so little affected that the disturbance is very unimportant. Therefore, if there was an inflammatory infiltration of the meninges or tumor existing, it would be impossible that the facial nerve should be so completely compressed while the acoustic is altogether escaping pressure.

Finally, there is still another point which positively rejects the idea of a basiliary affection, and that is the trophic disturbance of all the muscles which are provided by the smaller portion of the fifth and the accessory nerve. As remarked before, the trapezius is very atrophic, but the motory power has not suffered. This would be impossible in an affection of the base. If the nerve was only moderately pressed upon, it could not cause such complete disturbance in nutrition, as it is a fact that even in total paralysis it takes a long time before atrophy is established. The preponderance of nutritive over motory disturbance points evidently toward another cause than basiliary affection.

Therefore, if such can be eliminated, no morbid cause but one situated in the brain itself must be recognized. One could now resort to the cortical centers, but only in order to relinquish it again, because, after all, what we understand about diseases of the brain-cortex, the same are characterized more by insulated paralysis. In such a case we find either one upper or one lower extremity paralyzed, or sometimes one nerve

only, or one or another cerebral nerve, like the facial or hypoglossus alone, or combined with that of one extremity. An affection of eight cerebral nerves simultaneously could in disease of cortical substance scarcely be expected. It is further known that when the cortex is affected, especially to any extent, spasms would be present, the so-called cortical epilepsy, a condition which in our case does not exist. Some weight must be laid upon the fact that the psychical functions are intact, while there was reason to suppose that a marked change in the cortical substance of such a magnitude should be necessarily accompanied by some mental disturbance.

The last resort left to us is consequently a morbid change in the nerve nuclei on the base. This hypothesis is supported by a number of reasons:

First. Negatively, that the condition can not be interpreted from any other standpoint. *Second.* Positive, that those nuclei are so closely approximated that a great many can be touched at the same time without producing a disturbance of the intellect, mobility, or sensibility, especially since we know that an affection of that kind has been recognized and so graphically described by Duchene, under the title of glosso-pharyngeal and progressive bulbar paralysis. Finally, the most decisive circumstance is to be recognized in the relation of the trophic disturbance, which we know to be characteristic of affections of the nuclei, as in this condition the ganglia are very apt to become implicated. Almost identical conditions are known to exist in progressive muscular atrophy, which in typical cases has been found to depend on nuclear affection of the anterior gray columns. In addition we have to notice that the degenerative reaction which we found in our patient is likewise an almost regular appearance in progressive muscular atrophy.

All these reasons induce me to accept the view that the present disease depends upon an affection of the nerve nuclei in the base of the brain.

It will be pertinent to ask the question whether this is a case of progressive bulbar paralysis. This I would have to answer in the negative. The progressive bulbar paralysis is a typical process, and not a very rare one besides. The cases are easily recognized at first sight, and especially when they try to speak. The signs on the part of the tongue are very distinct. The difficult mobility at mastication, the increasing diffi-

culty, the stammering and unintelligible speech, which increases so far that the patient resorts to writing in order to give expression to his feelings; the pendulous condition of the lower lip, the increased flow of saliva, the paralyzed condition of the velum palati, regurgitation of the ingesta through the nares, the paralyzed condition of esophageal muscles, the difficult deglutition, finally the implication of the larynx, all these combined give a very characteristic typical image, but one which does not fit to our case.

Notwithstanding all this I do not doubt that we have in this case to deal with a degenerative atrophy of the nerve nuclei, which must be discriminated from progressive bulbar paralysis by its peculiar anatomical localization. The distinction relies upon the circumstance that only one side is affected in our case, while in bulbar paralysis the nerve nuclei are symmetrically affected. This circumstance alone is bound to cause a most striking difference in the symptoms, as a unilateral process will cause a much less disturbance of functions. The entire complex of symptoms could not exist combined if the nuclei of one side only were affected, as the organs concerned are arranged in pairs, and the suspended function of one side could be compensated by the other.

Another feature distinguishing our case from ordinary bulbar paralysis is the fact that the hypoglossus is not at all implicated, while the facial, which in bulbar paralysis is involved in its lower portion only, proves to be inactive in its entire extent in our case; and lastly, we find nuclei affected which are situated in quadrigeminal body like those of the oculomotori and trochlearis nerves, consequently beyond the rhomboid fossa.

It can not be disputed that the case as presented furnished an affection never yet described, at least I (Bamberger) have never seen one like it, nor does literature furnish any thing analogous.

LOUISVILLE.

A MEMORIAL tablet is to be placed on the house in Reiter Street (now Skoda Street), Vienna, formerly inhabited by the celebrated physician, Dr. Skoda. The ceremony will take place on June 13th, the day of his death. The inscription, rendered into English, is: "Dwelling-house of Professor Joseph Skoda; born in the year 1805, died in the year 1881."

Miscellany.

THE BREAD-PILL CURE OF HYSTERIA.—MM. Landouzy and Ballet, in the *Revue Mensuelle de Médecine*, give the history of an hysterical patient to which it is well to give an extended publicity, not because it presents any novel feature but as a proof of the scientific errors of those ill-trained minds which attribute the cure of hysteria to supernatural influences. An hysterical patient, twenty-six years of age, who had previously suffered from chorea, was received in the wards of the Charité. There was very marked contraction of the lower limbs, and the patient was unable to execute the slightest movement, not being even able to raise herself in bed. After one or two hypodermic injections of morphia, given at her express desire, she was told that she should have a more energetic remedy, and must use it cautiously. On October 7th, bread-pills were prescribed, and the next morning she related that, wishing to poison herself, she had swallowed the pills; at once the effect was terrible, but soon after she was able to walk a little, and eagerly asked to have another pill; this was accorded, and resulted in her complete recovery. Two days later on she helped to clean the wards. In a month's time she left the hospital.—*Brit. Med. Jour.*

NEW ORLEANS.—In his last report, M. Consul de Fonblanque states, *inter alia*, that the streets are impassable during most of the winter months; the prisons and asylums are a disgrace to any civilized community; and the sanitary condition explains the constant prevalence of yellow fever. It is alleged this deplorable state of things is due chiefly to a system of municipal government which is probably the worst in the world. Every thing that is done well in New Orleans is done by private enterprise.—*London Med. Times and Gazette.*

DRAINAGE OF PARIS.—An experiment has been tried in one quarter with the pneumatic system of exhausting the sewers of their contents, and it has led to such remarkable results in the decline of typhoid fever that it is to be extended to other quarters of the city.—*Med. Times and Gazette.*

We ask attention to our Sandwich Island letter. Dr. Enders will be our regular correspondent from these islands of the sea.

The Louisville Medical News.

Vol. XV. SATURDAY, JUNE 2, 1883. No. 22.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

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AN AUSTRALASIAN ABSURDITY.

Mr. J. M. Creed, L.R.C.P., etc., reports the following in his journal, *The Australasian Medical Gazette*, of April:

In 1848, a man named Sutton, who had been adopted into and was for some time living with the Shuarka tribe of natives in New Caledonia, offended them so seriously, by first leaving it and afterward firing on the messengers who were sent to ask him to return, that, watching their opportunity, they attacked his camp, situated upon an island a short distance outside the territory of the Shuarka chief, killed him, carried off his body and afterward cooked and ate it, as was the custom of the New Caledonians. To the knowledge of my informant, Sutton had been for some time suffering from venereal disease, and the natives told him that every man who ate of the flesh died shortly afterward, apparently poisoned.

The gentleman who gave me the above information is a person of standing in the colony, and a justice of the peace for New South Wales. He was well acquainted with the natives of the South Pacific, and especially those of New Caledonia, where he resided for many years as a trader, prior to the annexation of the island by the French. He has great tact and method in his management of natives, and they to my personal knowledge have great regard for and confidence in him. I myself am perfectly satisfied as to the strict accuracy of the foregoing singular history. The prejudices of civilization, however, render it impossible to prove by experiment whether or no the flesh of those affected with venereal disease is in all cases an active poison when taken into the stomach.

It is difficult to conceive of any thing

more absurd. Vegetable poisons may be absorbed through the stomach or skin, or taken directly into the circulation with effect, but the animal poisons, so far as is known, must come in contact with the blood in order to exert their noxious influence. The poison of the rattle-snake, of the cobra, the black-vomit of yellow fever, the saliva of the rabid dog have all been swallowed by adventurous experimenters with impunity. There is no reason to believe that the poison of syphilis can do harm except it be introduced into the circulation. The sound skin is an effective cuirass against its entrance into the system; and were any quantity of syphilitic poison taken into the stomach, unless the stomach were abraded, the gastric juices would destroy it and render it inert.

Mr. Creed's communication is a fair specimen of the way medical information is made current on hearsay statement of the loosest possible character. He gives his editorial sanction to a transparent fallacy. It is not certain that Mr. Sutton was *killed* or was *carried off* or was *eaten*. He may have escaped, his body may have been lost in the bush, or he may not have been in good condition, and he may therefore have been cast aside. Mr. Creed's informant may have been mistaken in regard to Sutton having venereal disease. He does not say what venereal disease. The majority of doctors, the world over, are not competent to recognize syphilis. The laity are of course still more ignorant, and it is not likely that the Australian doctors or people know more of this subject than is known by the people elsewhere. Mr. Creed's informant was a justice of the peace. Justices of the peace are not remarkable for intelligence any where in the world. An Australian justice of the peace, we are sure, is apt to be an unreliable witness on any scientific matter. On syphilis we have no faith in his opinion. But, granting that Mr. Sutton had syphilis and was eaten by his enemies, it must be remembered that the justice of the peace says he was cooked. Cooking de-

stroys all the animal and vegetable parasites, and there is every reason to believe that cooking will destroy any animal poison. If the cannibals were killed by eating Mr. Sutton, it is probable that Mr. Sutton had grown too ripe, too gamy, too high, before he was dined upon. If the cannibals acquired syphilis from him they could only have got it by eating him underdone, having at the time chapped lips or hands or abraded buccal mucous membrane; and, had they gotten syphilis, they would not in all probability have "died shortly afterward, apparently poisoned." Theories at one time encumbered and obstructed the science of medicine. False facts, silly assertions, and unwise credulity are the great evils the profession has to contend with in this day. No man is fit to be a journalist who will admit and indorse such stuff as this of Mr. Creed's.

SCROFULA.

"Scrofula is a form of tuberculosis in which there are outward appearances of the disease, usually in the glands and joints." We take this from an editorial in the Australasian Medical Gazette. The opposite of this statement is true. Tuberculosis is a form of scrofula. Scrofula manifests itself sometimes in tubercle, sometimes in sclerosis, sometimes in hypertrophy, sometimes in atrophy, sometimes in arrest of development, as in hair-lip, in absent limbs or organs, and sometimes in excessive production, as in superfluous teeth, breasts, fingers, toes, etc. Mr. Creed is a firm believer in the specific character and inoculability of tubercle. He says: "The chief danger, however, arises from the ingestion of milk from tuberculous animals. I have known numerous cases where it has been directly caused by this secretion." Dr. Allen S. Heath, writing from America on animal tuberculosis, says that "milk from diseased cows poisons thousands of children who are supposed to die from cholera infantum, when

in fact they die from tubercles of the intestines." Here is a lot of positive, emphatic assertions which is likely to be accepted as truth by not a few people, since mankind, medical and lay, is prone to accept what is positively asserted, especially if it be in print. And yet there is probably not one word of truth in all that Dr. Heath and Mr. Creed say. It is a pity that the profession and the public can not in some way be protected against the feeble-minded medical writers of the day.

THE MEDICAL SOCIETY OF LOUISVILLE.

A NEW medical society is just organized in Louisville. It is called "The Medical Society of Louisville." A respectable minority of the profession was in favor of reviving one of the old medical societies, but the majority thought best to organize a new one. Dr. Preston B. Scott was elected president, and Drs. L. P. Yandell and Coleman Rogers were chosen first and second vice-presidents. The new society adopts the code of ethics of the American Medical Association as its guide, but ethical questions are to be referred to a judicial committee which shall have final control of them; and personal and ethical matters are not to be discussed in the meetings.

ONE thousand four hundred and thirty graduates from our various reputable medical schools this spring. What will become of them?—*Med. and Surg. Rep.*

Some will die; not a few will marry rich and grow idle; some will become druggists, some drummers, some street-car drivers; others will marry doctors' daughters, and thus get business; others by church or Sunday-school interest will secure practice; some by solid merit and honest work will advance the science of medicine, will augment the welfare of their kind and will besides fill their purses with worthily-won gold; and so the world will wag on, brother, and the good God will take care of all.

Bibliography.

A Hand-book of the Diagnosis and Treatment of Diseases of the Throat, Nose, and Nasopharynx. By CARL SEILER, M. D., Lecturer on Laryngoscopy at the University of Pennsylvania, etc. Second edition, thoroughly revised and greatly enlarged, with seventy-seven illustrations. Philadelphia: Henry C. Lea's Son & Co. 1883. 12mo. Pp. 295.

The province of laryngology has been so rapidly extended of late years, and has come to be so comprehensive in scope, that an exhaustive treatise upon the subject is ponderous. The several treatises which have been offered American physicians of late years, such as that of Cohen, Bosworth, Ingalls, and Mackenzie, are too elaborate in scope and arrangement for general practitioners and students. Indeed authors of works upon this class of diseases are accustomed to treat diseases of the chest, as well as diphtheria, croup, and scarlatina, as belonging to this special class of affections. The work before us is a concise hand-book upon the essentials of diagnosis and treatment in diseases of the throat and nose. We regret that our space will not permit a detailed notice of the various chapters of Dr. Seiler's work. The art of laryngoscopy, the anatomy of the throat and nose, and the pathology of the mucous membrane are discussed with conciseness and ability. The subjects of chronic nasal catarrh and chronic laryngitis are discussed with much detail as to local treatment. It is to be regretted that more attention is not bestowed upon the underlying constitutional conditions. We believe, from an examination of this work, that the author excels in the operative and manipulative branches of his specialty, and is disposed to underestimate the comparative importance of general systemic treatment and hygienic measures. In the use of instruments and apparatus he gives evidence of originality and skill. The chapters on neoplasms of the laryngeal cavity and hypertrophic affections of the throat and nose are worthy of special commendation. The work is profusely illustrated. Indeed it is altogether too profusely illustrated. We can scarcely see the author's purpose in giving place, in a hand-book of laryngology, to illustrations of the metacarpal saw, the several varieties of electric machines, and the dental engine.

Upon the whole, however, the work excels in many essential features, and deserves a place in the office of the practitioner who would inform himself as to the nature, diag-

nosis, and treatment of a class of diseases almost inseparable from general medical practice. With advanced students the book must be very popular on account of its condensed style and limited scope.

Inundations in Louisiana, their Influence on Health. By STANFORD E. CHAILLÉ, A. M., M. D., Professor of Physiology and Pathological Anatomy in the University of Louisiana, etc.

This paper was presented in abstract at a recent meeting of the Orleans Parish Medical Association. The author, with characteristic accuracy and energy, has made a thorough study of a subject which of late years has become one of much importance in this country. So far as we are aware, the brochure before us and a previous paper by the author, published in 1882, are the only investigations of scientific character which have been made in this country upon the effects of inundations upon the public health. Those familiar with the accurate, painstaking, and severely impartial methods always displayed by Prof. Chaillé in scientific investigation will know in advance the value of the data here recorded and studied. In addition to his own investigations, the author has, by personal letter, collected the observations of a large number of physicians living in the districts of the State which have of recent years been inundated. The data thus collected are utilized for study and deduction.

From a careful study of all the evidence relating to the influence of inundations in New Orleans upon the public health from 1718 to 1881, including twelve inundations from 1816 to 1881, the author announced in his previous papers that these inundations had not influenced unfavorably the mortality either from malarial fevers, yellow fever, cholera, or diseases generally. To these observations, which related to New Orleans and its suburbs, are now added investigations of the influence of inundations upon the public health in rural districts. From all the evidence collected the author finds that overflows do not necessarily cause any notable increase of malarial or other diseases, and they have no connection with either the cause or promotion of epidemics. Professor Chaillé belongs to that class of writers who never appear in print without something definite to say, and he always says it well. The paper before us is a valuable addition to his numerous contributions to the literature of sanitary science.

Obituary.

MRS. GEORGE F. SHRADY.

Died suddenly, April 29th, Mary Lewis, wife of Dr. George F. Shradly, at her late residence, 247 Lexington Avenue, this city. The funeral was on May 3d; interment at Woodlawn.

It is very unusual to find the obituary notice of the wife of a physician in a medical paper. In the case of our distinguished fellow townsman, who, besides surgical ability, has catered so well for the medical public in the way of journalistic enterprise, as well as having contributed remarkable cases of his own while president of the Pathological Society, persons would assume that it was a proper mark of respect due to the man. But it happens that in this instance the lady herself was so well known in a social sense to the medical public, so highly appreciated also as regards literary ability, that physicians would consider it an omission if this notice were not supplied.

The following lines are from an abler pen than our own: It is not seldom that the life-partner of a physician wields a quiet but potent influence over his whole career. Such was the case with Mrs. Shradly, whose recent death we have had occasion to mourn; and we yield to Dr. Shradly our heartfelt sympathy for him in this his hour of grief and suffering. Mrs. Shradly had not been long an invalid; and though her disease, mitral stenosis with dilatation, had been known to her family, the suddenness of the end was totally unexpected. Her numerous friends in our profession, both in and out of the city, will always remember her as a faithful, cordial, and devoted friend, and in her loss they will feel that they have been bereft of a comrade.—*The Planet*.

[Dr. Shradly has our profoundest sympathy. Words are without power of consolation in such a time. The victory of death is complete, and the poison of its sting lingers while life lasts.]

FEHLING'S TEST TABLETS.—A specimen of these articles has been furnished us by John Wyeth & Bro. They form the most convenient possible sugar-test. Each tablet is to be dissolved in a given quantity of water, which then gives the officinal (U.S.P.) solution of potassio-cupric tartrate. They are reliable, and keep well.

Correspondence.

OBSERVATIONS IN THE SANDWICH ISLANDS.

[FROM OUR SPECIAL CORRESPONDENT.]

Thinking perhaps a few lines from this distant land in the midst of the Pacific would be of interest, I send you greeting. You are now, doubtless, experiencing your first spring days after your months of cold and snow, while we enjoy one unbroken spring. During the months of December, January, and February we have more rain, and these we dignify by the title of winter months, but the thermometer rarely ever falls below 60° Fahrenheit or goes above 80°.

Both the North and South Pacific, taking the equator as the dividing line, are remarkable for the numerous groups of volcanic and coral islands with which they are studded, and they constitute a distinct portion of the globe now generally known as Polynesia, but to which French geographers have given the name of Oceanica. Some of our modern writers, however, limit the designation of Polynesia to those islands only which are inhabited by a light-colored race of people allied to the Malaysian and all speaking dialects of the same tongue. Under this division they include New Zealand, the Sandwich Islands, Marquesas, Friendly and Navigator groups, together with the Society, Harvey, and Austral islands; and to New Guinea, the Admiralty, and Solomon groups, New Hebrides, New Caledonia, and Fijis, all of which are peopled by dark-skinned, crisp-haired tribes styled Papuans or Austral Negroes, they give the name of Melanesia, while the Ladrone Islands, together with the long belt of low coralline formations lying to the north of the equator and east of the Philippines, known as the Caroline Archipelago, they designate as Micronesia. These islands, which extend from about 20° north to about 30° south, are some of them volcanic in their origin and some coralline. The volcanic generally rise to a considerable height above the level of the sea, and are therefore called the high islands in contradistinction to the coral or low islands. Of the former the principal ones are Tahiti, Samoa, Marquesas, and Sandwich islands. The last named of these, forming the Kingdom of Hawaii, are a rich, beautiful, and interesting chain, eight in number, exclusive of a few small islets. The island of Hawaii is the largest of the group. On the east coast of this island is a beautiful little bay known as Kea-

lakekua, the scene of an event made memorable in history, the death of that great maritime explorer, Captain Cook. The story as told by the natives is as follows:

In an early morn in the month of January, 1779, the cry of wonder and astonishment arose from the throats of thousands of assembled natives at the sight of what they supposed to be floating islands, two in number. With consternation pictured in their faces, they retreat from the shore to their chiefs and mighty kahunas, from thence to the great temple of their gods, the Heian, where, after offering up sacrifices, they return with their chiefs and kahunas at the head of a procession of about 15,000, manning 3,000 canoes. The king and Kamehameha, accompanied by this throng, in great state and barbaric pomp, visited the two floating islands, which were the two vessels commanded by Captain Cook, the *Resolute* and *Discovery*. The first canoe, the ship of state, bore king Kalamopua, attended by Kamehameha and Staff. They were attired in their brilliant cloaks and helmets made entirely of feathers; these feathers were taken from a now extinct bird, each bird furnishing two feathers, one under each wing, and of a bright golden color. The second bore the high priest and their idols; the third was filled with presents of pigs, fruits, etc. When reaching the deck of the ship they beheld, not men like themselves, but in the person of Captain Cook they saw their high and mighty god, Lono. Quickly the king disrobed and placed the robe and helmet on their new found god, and into his hand a fan, the insignia of royalty. But alas! for frail humanity elevated to the position of a god. With Lono at their head they return to the shore, receiving the homage of this vast assemblage, when soon the followers of Cook, desecrating the temple, anger the natives, and the result a melee, in which a chief, Kalinu, is killed. At once the war cry is raised, and Cook struck an approaching native with his sword; the native caught him by the sword arm, not with the idea of killing him, as gods were incapable of death; but being about to fall, he cried out, this dispelled his divinity, and he was immediately dispatched by running a spear through his body. The king and chiefs then fled inland, taking with them the bodies of Cook and four of his companions who were slain. Cook's body was presented in sacrifice, the flesh removed from the bones in order to preserve them, and the flesh burned. Three children, whose names are still on record,

found the heart and ate it, thinking it the heart of a dog. Amid a grove of cocoanut palms, on the spot where he was supposed to have been slain, the British Government has erected a beautiful monument to perpetuate the memory of this great navigator.

This island of Hawaii contains 4,210 square miles, is 13,805 feet in height, being larger than all of the other islands combined. Here is the active volcano of Kilauea on Mauna Kea. A few miles away, on the summit of Mauna Loa, is another lake of fire, which a few years since flowed a stream of seething lava within a few feet of the little city of Hilo. Unceasing efforts were made by the natives to appease the anger of the goddess Pele, and stop her fiery progress. Sacrifices were offered of pigs, fruits, etc., but with no effect, until finally some master mind suggested to soothe her fiery spirit with a few bottles of gin; this was a terrible sacrifice to them—but any thing to save their homes. And, wonderful to say, the stream stopped its progress to the sea, the lava cooled, Pele happy, a city saved, and all for a few bottles of gin!

The next in order, having commenced at the south, is the island of Maui. This is the next in size also, and contains 760 square miles and is 1,032 feet in height. This island also consists of two mountains, Huleakala, or house of the sun, and Mauna Eecka. On the summit of the former is the largest crater in the known world, being 29 miles in circumference and 2,000 feet deep. We have no knowledge, either from tradition or history, of its last eruption. It is said by many who have visited the highest mountain peaks and the most active volcanoes that a sunrise scene from this crater is not to be equaled in magnificence and grandeur. The windward or northeastern side of the mountain is covered with verdure and forests; countless streams, for a distance of forty miles, go rushing to the sea. It is from some of these that the great plain lying at the base of this mountain, containing about 25,000 acres of productive land, is now being irrigated; about 5,000 acres is planted in sugar-cane and will, doubtless, yield an abundant crop. On the west side of this island, which is the lee side, is the old seaport town of Lahaina, once a scene of busy life, when two hundred whaling vessels anchored in the roadstead to get their supplies and water for the trip into the Arctic Ocean. It is now only a sugar plantation, and a walk through its streets, with its empty houses, reminds one of Goldsmith's *Deserted Village*; yet there is one fascina-

tion left, its climate and its sea bathing. It does not vary ten degrees during the whole year, taking 70° Fahrenheit as its mean temperature; it does not average over two inches of rainfall in a year, yet for miles up and down the coast the mango, tamarind, coconut, and palm flourish; the bread-fruit grows luxuriantly with its luscious and rich fruit. Streams from the mountain-side furnish water for its fields of sugar-cane. This is the place of places for the establishment of a sanitarium. Here the wretched consumptive can find a congenial climate, breathe air that comes from the sea in a gentle breeze laden with soothing compounds that give rest and quiet to worn and tired lungs and body. The sea-temperature is about 80° Fahrenheit all the year round. A sand beach and shallow water to a coral reef about one quarter of a mile from the shore renders bathing pleasant and safe. A little enterprise and capital would render this a most desirable resort for invalids.

We next come to Kahului, a deserted and barren island, caused by being overstocked with sheep. Next, to the island of Lanai, largely owned by the present Premier of His Majesty King Kalakaua; it is used as a sheep ranche, and contains about 100,000 acres of land. We find, a few miles further to the northwest, the island of Molokai, better known as the Leper Island, to which I shall refer again. Next in order is Oahu, which contains the capital of the kingdom, Honolulu, and many valuable plantations and beautiful homes. The last of the more important islands of the group is Kauai, and doubtless the oldest; on this is to be found also a number of plantations and beautiful tropic homes.

I have simply sketched the islands from the southeast to the northwest, the reverse order in which they were formed. In no part of the world are the sublime and beautiful found united in bolder contrast and variety: Lava-belching volcanoes, throwing up vast mountains, and then shattering them again with earthquake throes and convulsions; the blue unbroken billows of thousands of miles of ocean thundering incessantly upon their coral coasts; placid lagoons and shore-reefs beautiful with coral shrubbery of a genial ocean; a tropical velvet verdure, covering with its grateful mantle the steepest mountain crags; groves of the palm and bread-fruit, like cedars of Lebanon; dells, and valleys and palm-covered plains. These are some of the natural features and contrasts of beauty and sublimity in the islands of Hawaii.

The inhabitants of these islands number about 80,000, 6,000 natives, the balance whites, Chinese, and Portugese, the Chinese being greatly in excess. The natives are a dark-skinned race, good-natured and indolent. As far as we are able to learn, both from history and tradition, they originated from the Malays, as did also the New Zealanders, as the language and persone of these two races would lead us to believe. The personal appearance of the native is as rule fine; but the seeds of disease have been so generally sown amongst them, that not only have their ranks been decimated, but the beautiful forms of the women and the handsome physique of the men is known only as one of the glories of the past. On inquiry into this we find, (1) The general ignorance and apathy of the people, not appreciating the existence of the evil, and those who do are not willing to make present sacrifices for the sake of future good; (2) unhealthy ways of life, lowering the general vitality, and inadequate care of the sick; (3) the constitutions of men and women corrupted by disease, inherited or acquired, causing in some cases barrenness, in others early death of children; (4) looseness of morals, union of sexes while very young, excessive and promiscuous intercourse also causing sterility; (5) indisposition of the women to be troubled with children—infanticide. The government is now awaking to the importance of the preservation of the race, and is taking measures for the establishment of hospitals and dispensaries for their treatment. And it is quite gratifying to those who have been conspicuous in the movement that, during the last five years, the percentage of births has been greater than the deaths. This refers of course only to the native race; as for the whites and their children these islands are a paradise. During my stay here of nearly ten years, and in pursuit of my practice, with an average of about eighty white children in my care, but two have died—one congestion of brain, the other inanition. The critical period of infancy is unknown; a case of cholera infantum, scarlet fever, or diphtheria I have never seen here. Malaria, until its recent development of typho-malarial fever in the city of Honolulu, the capital, has been almost unknown in the country districts. It is very rare and very mild.

The history of leprosy in these islands is very obscure. As far back as 1820, the time of the arrival of the first missionaries, we are told of the existence of a disease similar in nature to the leprosy of the

present day; this was known among them as mai alii, or the disease of the chiefs. But among the first conspicuous cases after this time was that of a Chinaman, whereat the missionaries adopted the name of mai pake, or Chinese sickness. Since then it has been known among the people by this name only, and from this fact it was supposed the disease originated among or was brought here by the Chinese, which I am not greatly inclined to believe; indeed, that the disease has existed among them from time immemorial seems to me the clearest inference to be drawn. What is leprosy? How often this question has been asked, and yet how unsatisfactory the solution. A few scientific men contend it is a form of syphilis; others, that it is a disease sui generis, greatly dependent on the habits and character of food; others, that it is of malarial origin, as stated by Sir Erasmus Wilson and my friend, Prof. L. P. Yandell; others, again, who are confident that it is caused by the inoculation of a specific bacteria. How, then, are we to reconcile these widely conflicting theories as to its relationship to syphilis?

Syphilis arises from the same character of sore, pursues precisely the same course, manifests itself in its three different stages, here as elsewhere. If, then, it be akin to syphilis, it must be of some later form than the tertiary; then, if such be the case, why should this later form be inoculable when I believe it is an accepted fact among syphilographers that the tertiary form is not inoculable. As to its malarial origin, the fact of the great immunity suffered from this poison on these islands would rather preclude such an idea. If I were asked to describe a case of leprosy before reaching its last and most severe form, I would refer back to some reports made by Mitchell, Morehouse, and Keen, who had such large opportunities in the hospitals established during our civil war for diseases and injuries of the nervous system. The conditions they found to occur in the parts below the seat of injury were atrophy of muscles and various subacute inflammatory states indicated by tumefactions and congestions, edema, thickening of the cuticle, glassiness of the skin, cracks and fissures in it, eczema, curved and talon-like nails, retraction of the skin of the ungual phalanx, and exposure of the matrix, painful swelling of joints, and altered or arrested secretions. In addition to these, anesthesia, a bluish discoloration over the seat of anesthesia, and tendency

to ectropion. Here we have a tolerably fair description of a case of leprosy. As it progresses the anesthesia extends from its seat of beginning in the extremities, tumefaction increases, ulceration sets in, the flexor muscles strongly contract, the lobes of the ears and alæ of the nose are greatly hypertrophied, absorption of the bones of the hands and feet goes on, until some intercurrent disease or organic complication relieves the poor wretch and sends him to his long home. They are very liable to epidemics of phlegmonous erysipelas, the sequelæ being inflammation and suppuration of some of the lymphatics. I have operated on as high as fifty-four in one day from this cause, giving great relief to the poor victims. There are now at the segregation about 700 inmates; the government has recently been very active in collecting and sending them to the hospital, until, in my district of about 6,000 people, we have not more than five lepers at large. But one white man has been condemned as a leper from this island since my long stay here, and he lived among them as one of them, eating from the same calabash, smoking the same pipe, etc. They are well cared for, have comfortable homes and plenty of food, and when once installed are loath to leave.

The description of a case as given before upholds very strongly the theory advanced by Prof. T. G. Richardson, of New Orleans, as being a disease of the trophic nerves; and the treatment by nitrate of silver seems to sustain it, as great good has resulted when it could be tried with any degree of satisfaction, the great trouble being their diet which is composed largely of salt fish, this rendering the nitrate inert by converting it into the insoluble chloride. Salicylate of soda is the great remedy of the day; the future will tell us more of its effects. I learn Professor Gross has recently had a case from these islands. I should like very much to be allowed to forward you a sample case for your observation and study. We have another form of disease here that is doubtless a matter of curiosity to your readers, and that is beriberi. I have seen about sixty cases on these islands, confined entirely to recent importations of Chinese, not one having been here over two years. This I attribute to the fact of the older residents adapting themselves to the diet and customs of the natives, dispensing with the excessively greasy and strong meats and fish that are brought from China, and eating poi, rice, meal, etc.

Dr. Simmons, of Yokohama, from whom I

have recently received a letter, refers in strong terms to malaria as a cause of this disease, yet Chinamen arrive here apparently in good health, and so remain for perhaps one or two years, when they are suddenly taken with the pain in the knee and flexor muscles indicative of the approach of beri-beri. It can not be malaria is the cause, for there is no country in the world which has suffered greater immunity from malarial diseases than this, unless some one eventually proves syphilis to be malarial. The first indication of the disease resembles very much that of progressive locomotor ataxia, the unsteadiness of gait, inability to stand with feet close together and eyes closed, the same difficulty in walking. But the phenomena which is generally to be found is summed up by Eveyard, debility, cold extremities, palpitation, dyspnea on exertion, frequent, small and quick pulse, the bruit occasionally heard in the neck, scanty urine, torpid bowels, deadly pallor of the tongue, all indicating a condition of anemia. Treatment has but little effect, a large percentage of the cases being fatal.

Among the curious things in obstetrics, is a native girl eleven years of age giving birth to a child weighing eight pounds. Another, a native woman being delivered of a dead child weighing eighteen and three quarter pounds. The natives manage a case of accouchement very much as do all such races. As labor comes on, and the pains become stronger, they commence above the umbilicus and take a turn around the body with a small rope; at each successive pain, another turn downward, as they say, to keep the child from going back. If this does not effect delivery, some of the old women get on with their bare feet and endeavor to force it out. The result of such treatment is greatly injurious; if not causing death, perhaps a rupture of the lateral ligaments or procidentia uteri. After the birth of the child, she is then made to stand up till the placenta is delivered, when she goes out and plunges into the most convenient stream of water, then proceeds with caring for the baby, or whatever else she may have to do, as though nothing of importance had transpired.

I will endeavor soon to send you some poi, the principal food of the natives. It is made from the taro-root or arum esculentum. It would be a great addition to your diet-list in the hospitals; in low forms of fever, in enteric and gastric troubles it is far superior to beef-tea, and will be retained by

the stomach when every thing else is rejected, at the same time it is cooling, soothing, and very nourishing; as food for children in cholera infantum it is very fine. It is being prepared by the Alden process and can be kept for an indefinite length of time.

F. H. ENDERS, M.D.

WAILUKU, ISLAND OF MAUI, SANDWICH ISLANDS,
April, 1883.

Selections.

SUCCESSFUL CASE OF A BULLET-WOUND IN THE KNEE-JOINT TREATED ON CONSERVATIVE PRINCIPLES.—David A. M. Finlay, L.R.C. S.I., late Surgeon N.R.M.S. *Nubian*, Craddock, Eastern Province, South Africa, writes to the British Medical Journal as follows:

Since the proper treatment of gunshot-wounds of the joints, and especially of the knee-joint, is a matter which may be said to be still *sub judice*, I have deemed it proper to lay before the profession the following case of successful treatment on conservative principles:

December 30th, was called to W. H., aged thirty-one. The patient had been struck in the left leg by a bullet from a revolver. When the charge exploded the ball struck H. on knee-cap of left leg. I found a small opening, nearly on the center of the skin of the patella, from which a quantity of synovial fluid was oozing. Upon pressure over the inside of the knee-joint, just below the inner condyle, the patient winced, and declared that the ball was lodged there. By firm pressure, I could detect a small, hard, rounded nodule at that point; and, upon probing the wound, I was led to the conclusion that the nodule in question was nothing else than the bullet. Examination by means of the probe showed that the patella had not been fractured, but that the ball had grooved it in its course.

After a consultation with Drs. Hoffman and Viljoen, I cut down upon the bullet. The patient was strong and healthy, and this inclined me to try the operation without any anesthetic. After washing the part with carbolyzed water, I made an incision an inch and a half long, midway between the inner edge of the patella and the inner condyle, and cut deeply till I could feel the bullet with the tip of the little finger. The ball had lodged within the capsule of the joint, which I had to lay open, a quantity of synovial fluid escaping at the time. I could

feel the bullet distinctly, and was able to extract it speedily with forceps. Originally conical, it had been much flattened on its upper aspect by striking the bone. The patient bore the operation well. After extracting the ball and syringing out the wound with carbolized water, a single straight splint was applied to the back of the limb, which was bandaged. The wound was left open, with lint dipped in carbolized oil as a covering. Dry cold was at once applied in the form of ice-bags after the patient had been brought into hospital.

On December 30th, the day of operation, pulse was 80, temperature 99°; on December 31st, the morning temperature was 103°, falling in the evening to 100°. On January 3, 1882, the ice-bags were discontinued, the temperature not having stood as high as 100° for forty-eight hours. On the evening of January 4th, the knee felt hotter, and there was a little local redness. On the 5th, the temperature rose to 100° in the evening, but never rose so high again. January 13th, substituted water for carbolic dressing. January 18th, sent the patient home, and ordered him not to remove the bandages or splint. On the 22d I visited him, removed splint, bandaged leg and knee, allowing him to move on crutches, with the left foot supported by a tape passed around the neck.

After four months from the occurrence of the accident, I saw Mr. H. I found no swelling or tenderness about the knee; and he informed me that he went to work on the 15th of February, and since then he experienced no stiffness or other inconvenience in the injured knee; in fact, the case is perfectly cured.

PURULENT INOCULATION IN THE TREATMENT OF GRANULAR LIDS.—[This is equally nasty and cruel, and we only publish it as a horrible example of what specialists may do.] Dr. Terrier formulates the following conclusions to an article on this subject in the *Rev. de Chirurg.*: (1) Purulent inoculation is a good method of treatment of old conjunctival granulations with pannus. (2) It is indicated where the pannus is thick. But corneal ulcerations and *pannus tennis* are contra-indications to its employment. (3) In pannus, granular or not, affecting one eye, the procedure is to be practiced with the greatest care lest the sound eye be inoculated. (4) The pus to be used is that of *ophthalmia neonatorum*. When this can not be obtained, gonorrheal pus may be employed. (5) No attempt should be made to

abort the induced ophthalmia, but it should be treated judiciously, with a view to prevent permanent injury to the cornea. (6) Sulphate of copper, nitrate of silver, yellow precipitate, ointment, or calomel insufflations are frequently indicated in order to complete the cure. (7) In exceptional cases it will be necessary to resort to syndectomy or iridectomy.—*Medical Record*.

A HYDROPHOBIA CURE.—Dr. August Hoff writes to the Australasian Medical Gazette for April: Allow me to draw your attention to a case of hydrophobia successfully treated by Dr. Offenbergh, of Münster, Westphalia. The case made a great sensation, and went through all medical and even political papers of Germany. A female peasant, twenty-four years of age, was bitten by a rabid dog, and although the wound was cauterized, the dreadful disease developed after eleven weeks. Dr. Offenbergh used very energetically curare (the poison used by the Indians in the northern part of South America for arming the points of their arrows), to the extent of twenty centigrams (three and one third grains) within five hours, although the dose for injection is usually only one tenth to one half grain. The patient fully recovered.

REMOVAL OF WARTS BY CAUTERIZATION. Dr. Cellier recommends the following treatment for warts, in the *Jour. de Méd. et de Chirurg. Pratiques*, March, 1883: The base of the wart is transfixed by an ordinary pin, care being taken not to pierce the healthy tissue beneath. Then, the skin being protected, the head of the pin is held in the flame of a candle. In a few minutes the wart becomes white and fissured, and comes away on the point of the pin. The procedure is said to be painless as well as bloodless. The curious assertion is made by Dr. Cellier that it is necessary to remove but one wart on the hand, and all the others (sometimes even a dozen or more) will disappear without treatment.—*Med. Rec.*

A SOLUTION OF CORROSIVE SUBLIMATE IN GLYCERINE AS A SUBSTITUTE FOR MERCURIAL OINTMENT IN PARASITES OF THE SKIN. R. Vigier recommends four or five parts of corrosive sublimate dissolved in one hundred parts of glycerine in the place of mercurial ointment for parasites of the skin. It has been known for a long time that glycerine is not absorbed by the skin, and that it also prevents the absorption of medicines,

and to a great extent that of corrosive sublimate. Therefore, on account of its greater cleanliness, and greater security from the absorption of mercurials, it is to be preferred to blue ointment.—*Pharmaceutical Record*.

KNOTS IN THE UMBILICAL CORD.—Dr. Benjamin Clarke, F.R.C.S., writes to the *British Medical Journal* as follows:

March 31st, was hastily called to Mrs. C. in her sixth confinement. In consequence of the apparently unexpected length of her pregnancy and prodigious size (by her reckoning she had reached her forty-fifth week) my anxiety caused me to respond most promptly, but only just in time to hear the rupture of the membranes and a copious discharge of liquor amnii, immediately followed by the natural girl. The umbilical cord was twice around the neck, was twenty inches long, and had a knot, six inches from the umbilicus, sufficiently tight to require careful unfastening, but clearly not to impede the circulation of the cord. I am certain this knot was formed *in utero*, and prior to the birth; but how? I note, in the *Journal* of April 21st, that Dr. Godson exhibited a fatal complication of this kind at a meeting of the Obstetrical Society of London. My patient was a mechanic's wife, having consequently much household work, and had exerted herself very much during the last three months of her pregnancy.

SUBNITRATE OF BISMUTH AS AN APPLICATION TO ULCERS is highly recommended, being, it is claimed, antiseptic, anesthetic, protective as well as odorless. It is to be hoped it will supersede that abomination, iodoform.

TWO CASES OF LEPROSY are reported by D. T. Smith, M.D., in *New Orleans Medical and Surgical Journal* of May, as having recently come under his observation in the Parish of Jefferson, La.

REMOVAL of a deep sebaceous cyst of the neck through the mouth, avoiding an external scar, is reported in the *Lancet* by W. J. Walsham, F.R.C.S.

A TRACHEOTOMY successfully performed for croup is reported by Herbert L. Cortis, L.R.C.P., in the *Australasian Medical Gazette*, April.

DR. J. SOLIS COHEN says so many cases of tuberculosis of the larynx indicate an equal number of funerals.

CONTINUOUS BATHS.—Dr. Leloir, in *Le Progrès Médical*, calls attention to the value of the continuous baths which are used in the German hospitals in the treatment of skin diseases, and in burns, bed sores, gangrenes, etc. The temperature maintained is about 99° F. The patient sleeps and eats in the bath, and is generally well pleased to remain in it. Some patients, who have remained from fifty to a hundred days in the bath, on leaving it were not only not tired of their aquatic sojourn but spoke with delight of the relief they had obtained.

TESTICLE literally signifies a small witness.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from May 19, 1883, to May 26, 1883.

Campbell, John, Lieutenant Colonel and Surgeon, Medical Director Department of the South; granted leave of absence for one month, on Surgeon's certificate of disability. (Par. 3, S.O. 50, Department of the South, May 21, 1883.) *Burton, Henry G.*, Captain and assistant Surgeon; now awaiting orders at St. Paul, Minn., assigned to temporary duty at Fort A. Lincoln, Dakota. (Par. 1, S.O. 83, Department of Dakota, May 15, 1883.) *Porter, J. Y.*, Captain and assistant Surgeon, assigned to duty at Fort Davis, Texas. (S.O. 49, Department of Texas, May 14, 1883.) *Spencer, Wm. G.*, Captain and assistant Surgeon, assigned to duty at Fort Hamilton, N. Y. H., (Par. 2, S.O. 83, Department of the East, May 14, 1883.) *Gorgas, W. C.*, First Lieutenant and assistant Surgeon, granted leave of absence for one month. (Par. 5, S.O. 51, Department of Texas, May 17, 1883.) *Hopkins, Wm. E.*, First Lieutenant and assistant Surgeon, assigned to temporary duty at Whipple Barracks, Arizona. (Par. 2, S.O. 44, Department of Arizona, May 14, 1883.) *Macauley, Carter N. B.*, First Lieutenant and assistant Surgeon, assigned to duty at Fort Bennett, D. T. (Par. 2, S.O. 83, Department of Dakota, May 15, 1883.) *McCreery, George*, First Lieutenant and assistant Surgeon, to report for duty, to the commanding officer of troops, in the field, near San Bernardino Springs, A.T. (Par. 1, S.O. 44, Department of Arizona, May 14, 1883.) *Raymond, H. I.*, First Lieutenant and assistant Surgeon, relieved from duty with troops in the field near San Bernardino Springs, A. T., and ordered to return to his proper station, Fort Apache, A. T. (Par. 1, S.O. 44, Department of Arizona, May 14, 1883.) *Wilson, George F.*, First Lieutenant and assistant Surgeon, upon being relieved as Post-Surgeon at Fort Townsend, W. T., assigned to duty at Headquarters Department of the Columbia. (Par. 2, S.O. 64, Department of the Columbia, May 10, 1883.) *Wilson, George F.*, First Lieutenant and assistant Surgeon, to report to first Lieutenant Frederick Schwatka Third Cavalry for duty in connection with explorations in the department of the Columbia. (Par. 3, S.O. 64, Department of the Columbia, May 10, 1883.)